

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2016	

Full Name of Payee <b>ADELSTEIN &amp; ASSOCIATES LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 222 W ONTARIO ST SUITE 600		Amount 3746.86	
City CHICAGO	State IL	Zip Code 60654	Transaction ID : SE.4793
Purpose of Expenditure VIDEO SHOOT - SUPREME COURT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		347926.02	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2016	
Mailing Address 1125 17TH ST NW		Amount 10226.29	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4759
Purpose of Expenditure Canvassing Salary & Benefits		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		202931.38	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13973.15
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 10 / 31 / 2016	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1125 17TH ST NW		Amount 1636.27	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4760
Purpose of Expenditure Canvassing Salary & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		5200.54	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1125 17TH ST NW		Amount 2015.37	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4761
Purpose of Expenditure Canvassing Salary & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate DRISKELL, GRETCHEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		9318.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3651.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 10 / 31 / 2016	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1125 17TH ST NW		Amount 1008.17	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4762
Purpose of Expenditure Canvassing Salary & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18881.88	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 1125 17TH ST NW		Amount 2492.85	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4772
Purpose of Expenditure Canvassing Salary & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016	
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		344179.16	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3501.02
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 1125 17TH ST NW		Amount 1246.43	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4773
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016	
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: NH	
Calendar Year-To-Date Per Election for Office Sought 7392.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 1125 17TH ST NW		Amount 1246.43	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4786
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2016	
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: NH	
Calendar Year-To-Date Per Election for Office Sought 8638.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	2492.86
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 1125 17TH ST NW		Amount 2492.85	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4787
Purpose of Expenditure Canvassing Salary & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2016	
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>LANDMARK STRATEGIES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 8741 CENTER RD		Amount 877.69	
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE.4763
Purpose of Expenditure Live Calls	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	3370.54
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	
(c) <b>TOTAL</b> Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 6 OF 12

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>LOOKOUT MEDIA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address PO BOX 33341		Amount 13331.19	
City WASHINGTON	State DC	Zip Code 20033	Transaction ID : SE.4778
Purpose of Expenditure VIDEO SHOOT - SUPREME COURT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		328326.15	

Full Name of Payee <b>LOOKOUT MEDIA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address PO BOX 33341		Amount 6680.08	
City WASHINGTON	State DC	Zip Code 20033	Transaction ID : SE.4779
Purpose of Expenditure VIDEO SHOOT - DECISION TIME		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		335006.23	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20011.27
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 7 OF 12

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>LOOKOUT MEDIA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address PO BOX 33341		Amount 6680.08	
City WASHINGTON	State DC	Zip Code 20033	Transaction ID : SE.4780
Purpose of Expenditure VIDEO SHOOT - DECISION TIME		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		341686.31	

Full Name of Payee <b>MOSAIC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 4801 VIEWPOINT PLACE		Amount 61374.00	
City CHEVERLY	State MD	Zip Code 20781	Transaction ID : SE.4774
Purpose of Expenditure DIGITAL ADS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		314254.27	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68054.08
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 8 OF 12

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 740.69	
City Washington	State DC	Zip Code 20037	Transaction ID : <b>SE.4764</b>
Purpose of Expenditure Door Hangers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 127.40	
City Washington	State DC	Zip Code 20037	Transaction ID : <b>SE.4765</b>
Purpose of Expenditure Door Hangers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate MASTO, CATHERINE CORTEZ, ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	868.09
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	
(c) <b>TOTAL</b> Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 9 OF 12

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 106.45	
City Washington	State DC	Zip Code 20037	Transaction ID : SE.4766
Purpose of Expenditure Door Hangers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 106.45	
City Washington	State DC	Zip Code 20037	Transaction ID : SE.4767
Purpose of Expenditure Door Hangers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate DRISKELL, GRETCHEN, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	212.90
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 48330.51	
City Washington	State DC	Zip Code 20037	Transaction ID : <b>SE.4768</b>
Purpose of Expenditure POSTAGE	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 252880.27    2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 710.67	
City Washington	State DC	Zip Code 20037	Transaction ID : <b>SE.4769</b>
Purpose of Expenditure POSTAGE	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate DRISKELL, GRETCHEN, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <u>07</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10135.12    2016 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	49041.18
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	
(c) <b>TOTAL</b> Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 732.29	
City Washington	State DC	Zip Code 20037	Transaction ID : SE.4770
Purpose of Expenditure POSTAGE	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 1033.28	
City Washington	State DC	Zip Code 20037	Transaction ID : SE.4771
Purpose of Expenditure POSTAGE	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate SHEA-PORTER, CAROL, , ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	1765.57
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 12 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 740.69	
City Washington	State DC	Zip Code 20037	Transaction ID : SE.4775
Purpose of Expenditure Door Hangers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016	
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2120 L Street, NW, #305.		Amount 106.45	
City Washington	State DC	Zip Code 20037	Transaction ID : SE.4777
Purpose of Expenditure Door Hangers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016	
Name of Federal Candidate HASSAN, MARGARET WOOD, ,		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	847.14
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	167789.44

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 31 / 2016

Signature